

**FEC FORM 5**

PAGE 1 / 4

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation LEAGUE OF CONSERVATION VOTERS INC	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L STREET NW #800	
(c) City, State and ZIP Code WASHINGTON DC 20036	
3. FEC Identification Number <b>C</b> C90005786	
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Individual filers only</b>	Name of Employer Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Report ☐ 48-Hour Report  
☐ July 15 Quarterly Report  
☐ October Quarterly Report  
☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 

M	M
1	1

 / 

D	D
0	9

 / 

Y	Y	Y	Y
2	0	0	6

  
THROUGH  

M	M
1	1

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	6

6. TOTAL CONTRIBUTIONS ..... 

.00
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7. TOTAL INDEPENDENT EXPENDITURES..... 

17225.00
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Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Barbara McIntosh

11/09/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 / 4

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee  
Purcell Public Affairs

Date

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 0 6Mailing Address  
4359 SW Willow St

Amount

2975.00

City State Zip Code  
Seattle WA 98136Purpose of Expenditure  
general canvassing consultingCategory/  
Type 001Office Sought: ☐ House State: WA  
☒ Senate  
☐ President District: \_\_\_\_\_Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Maria CantwellCalendar Year-To-Date Per Election  
for Office Sought .00Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Purcell Public Affairs

Date

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 0 6Mailing Address  
4359 SW Willow St

Amount

2975.00

City State Zip Code  
Seattle WA 98136Purpose of Expenditure  
general canvassing consultingCategory/  
Type 001Office Sought: ☒ House State: WA  
☐ Senate District: 08  
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Darcy BurnerCalendar Year-To-Date Per Election  
for Office Sought 11445.00Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Purcell Public Affairs

Date

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 6Mailing Address  
4359 SW Willow St

Amount

2975.00

City State Zip Code  
Seattle WA 98136Purpose of Expenditure  
general canvassing consultingCategory/  
Type 001Office Sought: ☐ House State: MT  
☒ Senate District: \_\_\_\_\_  
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Jon TesterCalendar Year-To-Date Per Election  
for Office Sought 180668.95Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

8925.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee  
Burnside & Associates

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	0	6

Mailing Address  
1311 Tremaine Ave

Amount

7500.00

City  
Los AngelesState  
CAZip Code  
90019Purpose of Expenditure  
GOTV canvassersCategory/  
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

☐

President

District: 11

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

123559.82

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	0	6

Mailing Address  
3314 I St

Amount

50.00

City  
PhiladelphiaState  
PAZip Code  
19134Purpose of Expenditure  
canvasser - payment for servicesCategory/  
Type

001

Office Sought:

☐

House

State: PA

Senate

☒

Senate

☐

President

District:

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Bob Casey

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

6672.28

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	0	6

Mailing Address  
3314 I St

Amount

50.00

City  
PhiladelphiaState  
PAZip Code  
19134Purpose of Expenditure  
canvasser - payment for servicesCategory/  
Type

001

Office Sought:

☒

House

State: PA

House

☐

Senate

☐

President

District: 07

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Joe Sestak

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

6673.11

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

7600.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 / 4

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee  
American Express

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	6

Mailing Address  
PO Box 297812

Amount

700.00

City  
Ft. LauderdaleState  
FLZip Code  
33329Purpose of Expenditure  
gas cards for volunteers and staffCategory/  
Type 001
 Office Sought: ☒ House State: NM  
☐ Senate District: 01  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
Patricia MadridCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

78801.10

Disbursement For: ☐ Primary ☐ General☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

700.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

17225.00